## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name

P95000003614 (1)

KAFCOM, INC.

## FILED Apr 23 1998 8:00am Secretary of State



Principal Place of Business Mailing Address							
1360 N. STATE ROAD 7 1360 N. STATE ROAD 7 LAUDERHILL FL 33313							
LAUDERHILL FL 83313			LAUVERHILL	FL 33313			DO NOT WRITE IN THIS SPACE
							3. Date Incorporated or Qualified
							01/12/1995
2. P	2. Principal Place of Business 2a. Mailing Address						4. FEI Number Applied For
21		26				11-3244711 Not Applicable	
Suite, Apt. #, etc.			Suite, Apt. #, etc.				SR 75 Additional
22			27				5. Certificate of Status Desired Fee Required
City & State			City & State				6. Election Campaign Financing \$5.00 May Be
23		28					Trust Fund Contribution Added to Fees
	ip	Country	Zip		Country	′	This corporation owes or has paid the current year Intangible
24		25	29	30	ol		Personal Property Tax due June 30.  Yes No
g. Name and Address of Current Registered Agent						r-;	10. Name and Address of New Registered Agent
		ITE CREATIONS ENTERP	RISES INC.		81	Name	
4521 <b>P</b> GA BLVD., SUITE 211					82	Street	Address (P.O. Box Number is Not Acceptable)
PALM BEACH GARDENS FL 33418							
					83		
					84	City	85 Zip Code
							FL   S   Z   COO
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered							
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.							
SIGNATURE							
Signature, typed or printed hare oit is gistered agent and title it applicable (NOTE: Registered Agent signature required when reinstating) DATE							
12.	- Б	OFFICERS AN	D DIRLCTORS	DEL ETE	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	YAE	ENBAUM, BRUCE	لبسا	DELETE	1.1 TITLE		Change Addition
NAME	ممعا	GREAT NECK RD.			1.2 NAME		
	ADE	AT NECK NY 11021	•		1.3 STREET		
CITY-S	ST-ZIP UNC	AT NEOR III 11021	777	DELETE	1.4 CITY - S	ST-ZIP	Change ☐ Addition
TITLE	001	MRAS, DAVID	لسيا	DELETE	2.1 TITLE		
NAME	8000	70TH AVE.			2.2 NAME	I D D D F O O	COMERS DAVID
	AAAD	IGATE FL 33063			2.3 STREET		Comeas bauis 5251 NW 9042 TERROLL CORRAL SPRINGS \$1. 33(2)
CITY-S	ST-ZIP IMP	IONIE FE 00000		DELETE	2. 4 CITY-	ST-ZIP	Core   Spein   Change   Addition
TITLE			LJ	DELETE	3.1 TITLE		C Charge L Addition
NAME	1				3.2 NAME		
	T ADDRESS				3.3 STREET		
CITY S	ST-ZIP			DELETE	3.4. CITY-1	ST-ZIP	Change Addition
TITLE			L	DEFEIE	4.1 TITLE		Citange Ci Adolton
NAME	1				4. 2 NAME		
	T ADDRESS				4.3 STREET		
CITY S	ST-ZIP		<del></del>	DELETE	4.4 CITY - S	T-2IP	Change Addition
TITLE				DELETE	5.1 TITLE		Change Addition
NAME					5.2 NAME		
	T ADDRESS				5.3 STREET		
CITY-S	ST-ZIP			DELETT	5.4 CITY - S	T-ZIP	
TITLE			Ļ	DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	1				6.2 NAME		
	T ADDRESS				6.3 STREET		
CITY S	ST-ZIP		<del></del>	\	6.4 CITY - S		
14.	I hereby certify the	at the distormation supplied w	ith this filing does n	nol qualify for t	he exemp	tion state	ted in Section 119.07(3)(i), Florida Statutes. I further certify that the information

Indicated on this annual report or supplemental trinual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 11 if changed, or on an attachment with an address.